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From : Michel Morency
Email Address : mmorency@foley.com
Sender's Direct Dial : 617.342.4080
Date : December 19, 2006
Client/Matter No : 079777-0574 (EGS-006 US)
User ID No : 9011

MESSAGE:

Attached please find the following documents with regard to Application Serial No. 10/538678:

- Power of Attorney; and
- Statement Under 37 CFR 3.73(b).

Thank you for your attention.

Michel Morency
Foley & Lardner LLP
111 Huntington Avenue
Boston, MA 02199

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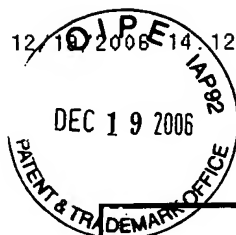
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: ROY et al.
 Application No.: 10/538678 Filed: 6/10/2005
 Patent No.: _____ Issue Date: _____
 Docket Number: 079777-0574 (EGS-006 US)
 Entitled: Device for ocular delivery of active principles by the transpalpebral route
EYEGATE PHARMA S.A. Corporate
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title, and interest
 The extent (by percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel/Frame 018454/0590 or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michel Morency
 Signature
Michel Morency
 Printed or Typed Name
Reg. No. 50,183
 Title

December 17, 2006
 Date
(817) 342-4000
 Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number: 48329

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number: 48329

OR

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| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

Assignee Name and Address:

EYEGATE PHARMA S.A.
 Tour de l'Horloge
 4 Place Louis Armand
 75012 Paris
 FRANCE

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|--------------|---------------------|-----------|--------------|
| Company Name | EYEGATE PHARMA S.A. | | |
| Name | Pascal Laine | | |
| Signature | [Signature] | | |
| Title | U.P. RTO | Date | 11/2/06 |
| | | Telephone | 781-788-9045 |

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